University of Alberta

Education Towards Liberation:

HIV/AIDS and Women in sub-Saharan Africa

By

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Abstract

This qualitative study locates women at the centre of the sub-Saharan AIDS epidemic, both in terms of infections and opportunities for stopping the transmission of HIV. It describes the impact of the epidemic as it has emerged over the last decades at different levels of society. In the context of this thesis, some of the problems are about the denial of basic citizenship rights of women. One overarching issue that emerges is the interaction between the epidemic, gender inequality and poverty dimensions as variables that should not be viewed independently since in reality they interact in many ways. The central focus of discussion is on HIV/AIDS in relation to socio-cultural norms that offer double standards when it comes to gender roles. It evaluates practice and implementation of policies with the intention of clarifying our understanding of and commitment to the role of education in mitigating HIV/AIDS.

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Chapter 1: Introduction

Introduction

In the 25 years that we have been confronted by the AIDS crisis, infection rates among women have accelerated significantly. While this is in part because of the greater biological vulnerability of women, to a large extent it is also due to traditional gender roles that reinforce the subordinate role for women in all matters – including in sexual relations – and to the lower social and economic status of women, which increases their dependence on men. In many sub-Saharan Africa cultures, men are expected to demonstrate masculine behavior, which in most rural cases, not only makes women vulnerable to the disease but also puts men at a greater risk of HIV infection.

Gender inequality is thus a key contributor to vulnerability to HIV infection. The social and economic consequences of HIV in turn create greater gender-based disparities, since girls and women often bear a disproportionate burden of the disease. Promoting gender equality and ensuring that sexual and reproductive health becomes the business and the right of women and men should therefore be part of comprehensive HIV prevention and mainstreaming HIV/AIDS. Education has a key role to play in this respect because of its often influential role within communities.

The challenges posed by HIV have progressed inexorably during the past decade especially for women in the sub-Saharan Africa region. At the same time, many lessons have been learnt about developing and implementing programs for

women's health and development, including the delivery of programs to prevent the spread of HIV through mainstreaming the prevention of HIV through education, and poverty alleviation. Every year the UNAIDS, the joint United Nations Program on HIV/AIDS, generates reports of participating countries to review the progress that had been made and to look again at the evidence for the effectiveness of interventions, focusing explicitly on the delivery of interventions to prevent the spread of HIV among women in sub-Saharan Africa. UNAIDS is an innovative joint venture of the United Nations that brings together the efforts and resources of ten UN organizations in the AIDS response to help the world prevent new HIV infection, care for people living with HIV, and mitigate the impact of the epidemic (UNAIDS, 2007).

This thesis is an attempt to rise to the challenge of decreasing HIV prevalence among women by providing systematic reviews of the evidence for the implementation of national policies and programs as a contribution towards achieving universal access to prevention, treatment and care; it is also related to the Millennium Development Goal on AIDS which is to "halt and begin to reverse the spread of HIV/AIDS" (UNAIDS, 2000).

Statement of the Problem

During the past 20 years, and despite the continued lack of an effective vaccine, the armamentarium for preventing the transmission and decreasing the impact of HIV/AIDS has slowly grown. Nonetheless, HIV/AIDS has its roots in a

range of problems that undermine people's health and human rights, such as inequality and discrimination, poverty, social unrest and migration, and exploitation and abuse. Changing these structural and contextual determinants will be fundamental to making the prevention of HIV sustainable. It seems to be often the case that growing experiences of shorter-term interventions do not bring lasting solutions.

Relevance of the Study

While there are global goals and targets, and a growing number of interventions that may contribute to their achievement, it is important to synthesize the evidence base for these interventions in ways that assist the decision making of micro policy-makers and program planners. Research findings need to help them decide how to most effectively gender mainstream HIV/AIDS and allocate the essential resources in different epidemic settings and for different groups of people. As the researcher, I understand that there is no magic bullet and that a range of interventions will need to be implemented. It is also my understanding that many things will influence the choices made about which interventions to focus on, including moral and political affiliations.

The main settings through which women can be reached with preventive interventions include schools, health services, and outreach programs targeting the women who are most at risk of HIV. Furthermore, although the evidence of effectiveness of interventions remains incomplete in terms of delivery for many of

these settings, there is a growing research base from which to draw, and this includes research from and about sub-Saharan Africa. In addition, the global goals provide a range of outcomes that can be used to review the evidence: decreased prevalence decreased vulnerability and increased access to relevant information, skills and services.

Purpose of the Study

This study concentrates on its fundamental purpose which is to do a selective review that looks at some of the most important writings in the area as concerned with the issues, policies and programs of sub-Saharan Africa context. More central to the thesis is the investigation of the major gaps between the 2006 UNAIDS policy document for HIV/AIDS mitigation and ten Annual Country Reports thereby investigating whether there have been significant progress in HIV/AIDS mitigation or these areas ought to be given in-depth focus. The main aim here is to have a better understanding of how mainstreaming HIV/AIDS is important for making decisions about further mainstreaming and allocation of resources. As such, the three specific objectives of the study are:

1) To clarify our understanding of the role the education system needs to play in reducing HIV infection rates and mitigating HIV/AIDS – such as the prevention of HIV among women – in sub-Saharan Africa in complex areas of program development and delivery.

2) To provide a comprehensive review of priorities for action in the education system to assess the effectiveness of interventions to prevent HIV among women in sub-Saharan Africa.
3) To evaluate the practice and implementation of policies on HIV/AIDS mitigation within the education system amidst a growing nurturing of social norms and practices that allow women to exercise control over their lives.

It is on the basis of these objectives that the study will answer the following research questions: How far have sub-Saharan Africa nations come to achieve HIV/AIDS mitigation through gender mainstreaming? How has mainstreaming gender equality in education sector as response to HIV/AIDS improved the lives of women in sub-Saharan Africa? What are the educational as well as developmental priorities and consequences to the mitigation of HIV/AIDS impact?

To achieve widespread implementation of these preventive and care giving interventions, many things will need to be done through many sectors and by many actors. At the same time, it will be important to ensure that the interventions reach those people who are vulnerable and most at risk of becoming infected with HIV.

But a note of caution seems in order here: The persistent need to promote women's access to resources and 'empower' women in every sphere of life raises more general questions about international development endeavors even before the times of AIDS. It is now more than twenty years since awareness of gender

analysis and gender issues in development has been raised. But looking at past experiences in light of HIV/AIDS, women often still remain in the same vulnerable position. Development projects have obviously been failing them (White, 2002). Whether increased desperation induced by the progression of the HIV/AIDS pandemic will change that situation is very much open to question.

Significance of the Study

With an examination of the countries' annual reports, this study provides an important basis for understanding some of the critical issues in evaluating policies and program delivery that use gender-mainstreaming as the most efficient and equitable way for combating HIV/AIDS. From a theoretical perspective, the study informs a conceptual and theoretical framework for comprehending the issues around HIV/AIDS mitigation through gender-mainstreaming in sub-Saharan Africa, with extended contributions from a raised awareness in socio-cultural gender equality. At a practical level, the study hopes to bring about a critical and higher awareness of problematic issues in gender analysis of HIV/AIDS. This has the potential to enable individual researchers, practitioners and policy makers to become more conscious and conscientized about their practices, mindsets or presuppositions in designs and implementations of policies. At a policy level, this individual-level higher awareness potentially benefits government institutions and aid agencies that strive to, or are required to relocate their 'development' thinking and acting to achieve equitable and initiatives, policy making and delivery. The general intention is to carefully and critically

emphasize the needs to acquaint oneself to, and moreover, reconsider one's predispositions on delivery of mainstreaming practice and to critically investigate "the extent to which particular policies and practices are consistent with our moral vision for education" (Taylor et al., 1997, p.19). In this way, this project aims at avoiding hasty conclusions solely based on policy documents.

Limitations and Delimitations

It is hoped that this study will make an important contribution to discussions and decision about priorities for action and implementation, by providing a snapshot of the knowledge base for the effectiveness and progress of different interventions. However, it is important to be clear from the outset about some of the limitations and delimitations that are inherent in and imposed upon the study.

The study is limited by the choice of research data collection methods, primarily a document analysis; therefore, other types of data that can be collected through different methods are not considered. Also, there are several other delimitations imposed in order to make it manageable. First, the literature reviewed is limited only to those available at the time of research. Second, the discussion selectively uses examples from sub-Saharan Africa because this region continues to bear the burnt of the global HIV/AIDS epidemic.

Topical Organization of the Thesis

The thesis is divided into the following five sections:

Chapter 1 provides a brief overview of mainstreaming gender equality in education sector responses to HIV/AIDS, the identification of the problem, the rationale for the study, the purpose and research questions of the study, the significance of the study, and the study's limitations and delimitations.

Chapter 2 presents a conceptual framework with a comprehensive literature review relative to the topic. The purpose of this chapter is to offer a framework for an analysis of HIV/AIDS and Women in sub-Saharan Africa. It describes theoretical frameworks in the literature that critique the notion of socio-cultural status quo in that flames the HIV/AIDS pandemic.

Chapter 3 presents the research methodology, and provides a rationale for the use of qualitative research methods in the study in a way that combines a qualitative documentary analysis.

Chapter 4 presents findings of the gap in literature between UNAIDS gender-mainstreaming policy and the ten annual country reports in the practice of tolerable gender mainstreaming to mitigate HIV/AIDS in sub-Saharan Africa.

Chapter 5 provides a summary of the research findings and analysis. It offers a discussion of potentials and visions for genuine gender-mainstreaming in HIV/AIDS mitigation. It concludes with recommendations and suggestions for further study.

Definition of Terms

It is essential to provide conceptual or operational definitions for concepts that are central to this study.

Gender Mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for ensuring women's concerns and experiences as integral dimension in the design, implementation and monitoring of policies so women and men benefit equally (United Nations Economic and Social Council, 1997). Gender mainstreaming requires strong leadership and organization to implement in government and non-government organizations.

Development is the enhancing of people's capacity through the process of extending their potential resources. The study draws on Abdi's (1998) understanding of the relationship between education and social development. Education, as a forerunner of development, provides skills, values, attitudes and dispositions that are vital for self-empowerment.

Mobile workers are defined as those workers who work far away from their permanent places of residence and are usually unable to return home at the end of the working day. They, therefore, have temporary residences in intervals. Such workers include truck drivers, road construction workers, itinerant traders, soldiers, agriculture workers, miners and commercial sex workers. The risk factor for these workers is the situation they encounter and the behaviors they engage in while they are traveling around. Decosas and Adrien (1997) note that migrants

have higher infection rates than those who do not migrate, independent of the HIV prevalence at the site of departure or the site of destination.

Gender in this context is defined as a socio-cultural construct that differentiates women from men and prescribes the two groups' way of interacting with each other. Each culture has widely shared expectations about appropriate male and female behavior, characteristics, and roles that assign to women and men differential access to power, including productive resources and decision-making authority (UNAIDS 1999). A consistent finding is that social construction of gender and sexuality interferes with women's and men's knowledge about sexual risks of HIV/AIDS and sexually transmitted diseases.

CHAPTER 2: Literature review

Introduction

The literature review focuses on the impact of the HIV/AIDS pandemic on women in sub-Saharan Africa, and the empowerment of women through education to establish the context within which the study was conducted. With this in mind, the context of conscientization is presented as it pertains to the mitigation of HIV/AIDS. Therefore, this review of the literature gives background in conscientization and provides the context needed to understand what women encounter in regards to social, cultural, and economic needs.

Empowerment and Conscientization

Arguments about the potential disadvantaging of women and their vulnerability to HIV/AIDS under some traditional practices are, of course, results of a long-held culture. Also, the problem of economic development in sub-Saharan Africa still remains difficult, but not impossible. This section of the chapter considers the foundational and vital concept of Freirian empowerment and conscientization, with a sketch of some of the 'problematiques' of development theories, and some suggestions forwarded by African thinkers.

Paulo Freire's *Pedagogy of the Oppressed* offers the foundation for education on empowerment. Its underlying principle outlines the fact that the disempowered already know a great deal about the sources of their oppression and

what must be done to overcome it. What they do not have is an organized approach to translating this knowledge into action. The appropriate educational approach is therefore one that draws out participants' knowledge and responses. Freire calls this educational method "problem-posing."

> [T]he problem-posing educator constantly re-forms his reflections in the reflection of the students. The students--no longer docile listeners--are now critical co-investigators in dialogue with the teacher. The teacher presents the material to the students for their consideration, and re-considers her earlier considerations as the students express their own (Freire, 1970:80-81).

Participants empower themselves by taking responsibility for their own learning (actively engaging as educators as well as learners), by increasing their understanding of the communities in which they live, and by understanding how they as individuals are affected by current and potential policies and structures. Equipped with this greater understanding and with new confidence in themselves, participants can develop policies and structures that better meet their needs, and strategies for bringing those policies into being.

Freire's approach is aligned with "transformative" learning theory, which has developed over the past 20 years:

> Transformative learning involves participation in constructive discourse to use the experience of others to assess reasons justifying...[our] assumptions, and making an action decision based on the resulting insight...Transformation theory's focus is on how we learn to negotiate and act on our own purposes, values, feelings and meanings rather than on those we have uncritically assimilated from others--to gain greater control over our lives as socially responsible, clear-thinking decision makers (Mezirow, 2000:8).

To bring about the deep change required to resolve intractable conflict, educators must be willing to challenge deeply held assumptions. It is important to assess not only the weaknesses of the other and the strengths of one's own group, but also the strengths of the other and one's own weaknesses. This assessment can be a wrenching process, for both the educator and the students.

Therefore, education that is intended to address inequities in the system should be not only interactive and dialogical (meaning involving a dialogue between "teacher(s) and student(s)), but also nurturing. The educational effort must also go beyond traditional education in its content and methods, to support learners in dealing with the emotional upheaval they are likely to experience.

Freire (1970:58) describes a situation all too common in today's classes: the banking method which is a form of didactic teaching. In it, teachers make deposits of information which students are to receive, memorize, and repeat. Banking education does not engage students in critical thinking; instead, it requires the students to be passive and to adapt thereby serving the purposes of oppression. It inhibits creativity; it resists dialogue, and is fatalistic in nature. Progressive educators help students to reach conscientizacao (conscientization). Conscientization breaks through prevailing mythologies to reach new levels of awareness--in particular, awareness of oppression, of being an object in a world where only subjects have power.

The process of conscientization involves identifying contradictions in experience through dialogue and becoming a subject with other oppressed subjects--that is, becoming part of the process of changing the world. Instead of

banking methods, progressive educators employ problem-posing methods. "In problem-posing education, people develop their power to perceive critically the way they exist in the world with which and in which they find themselves; they come to see the world not as a static reality, but as a reality in process, in transformation" (p. 59). Teacher-students and student-teachers are continually reflecting on themselves and the world, establishing "an authentic form of thought and action" (p. 59).

It is in this way that education can be constantly remade, instead of being static. It helps people to look ahead, to hope and plan for the future. "Problem-posing education does not and cannot serve the interests of the oppressor. No oppressive order could permit the oppressed to begin to question: Why?"(p. 62).

In the above section on Freire, I have tried to make notable inferences of empowering and conscientizing education making distinction between the banking concept of education and an empowering education. It is in this regard that I believe women should fight for equity. Undertaking projects for women must provide them with knowledge about how power is structured and reproduced and how it operates to marginalize them. This means documenting arenas of power relations such as the subtle and sometime not-so-subtle role of men and some women. This situated knowledge is useful for women only if it does not reproduce representations of women as victims. It must be analyzed and elicited in a way that can be used by women if they so choose (Skeggs, 1994).

The field of development in Africa sees an interaction between the traditional/indigenous knowledge and educational change by global forces. These

are discussed in the following section. Models of how development is to be achieved form an important element of this chapter's considerations. It is worth revisiting the notion of the 'African Renaissance' which has been popularized recently by the President of South Africa, Thabo Mbeki (1999). In his view, the idea of the African renaissance involves a struggle against Africa's marginalization in economic and political terms as much as it involves a celebration and development of African cultures. For Mbeki, in a point that may not be dissimilar to Gramsci's political economic description, development has economic, political and cultural dimensions and involves a 'battle on many fronts' (Webster, 1984). As should be understood, Gramsci's focus on political and cultural development relies on economic growth but conversely, economic success is contingent on cultural renewal and innovation and on the maintenance of political stability.

According to Mclintock (1994), post colonialism promotes the notion of historical development as a linear progression from pre-colonial to colonial to post colonial. It reduces the culture of peoples to fit within particular historical parameters and relative to Western culture. Post-colonial theory is organized around a binary axis of time rather than power, obscuring the continuities and discontinuities of colonial and imperial power. The celebratory promise of post-colonialism has not materialized for women who continue to be denied access to rights and resources. "The global militarization of masculinity and the feminization of poverty have thus ensured that women and men do not live post-coloniality in the same way". (Mclintock, 1994)

Writing on neocolonialism and its persistent effects, Altbach (1994) writes that "the influence of the advanced industrial nations has continued beyond the period of traditional colonialism and is one of the basic facets of economic, political, and social life of the developing world (p. 32)." He further stresses the fact that the negative impact of neocolonialism on the educational system and the intellectual life of developing countries. Neocolonial practices that have lingered to this era deflect attention from indigenous intellectual life and cultural development to the international intellectual community and its values. As the status quo is maintained, so too are the inadequacies of the existing educational systems. The next section seeks to locate how African countries could potentially benefit from long-standing themes of development discourse.

Background and Overview of the HIV/AIDS pandemic

The first cases of HIV/AIDS were detected in men, and during the first two decades of the epidemic more men than women were infected. But over time the proportion of infected women rose steadily in various parts of the world, with the result that the year 2002 saw global proportions of infected women and men being equal for the first time. The rapid increase in the proportion of infected women and girls means that they are experiencing an epidemic that is sweeping through them at a rate several times faster than that experienced by men and boys, a dynamic that seems set to continue (Smith & Cohen, 2000). Differences in the spread of the epidemic can be accounted for by a complex interplay of sexual

behaviors and biological factors that affect the probability of HIV transmission per sex act. Sexual behavior patterns are determined by cultural and socioeconomic contexts. In sub-Saharan Africa, some traditions and socioeconomic developments have contributed to the extensive spread of HIV infection, including the subordinate position of women (Caldwell et al, 1989). For example, bride payment – financial compensation to a bride's family by her new husband – perpetuates the idea that a woman is her husband's property. This culturally prescribed lack of control on their sexual relationships has made women, particularly married women, highly vulnerable to HIV infection. Wives are not allowed to refuse sex from their husband, or to use a condom, even if the husband is infected with HIV. The subordinate position of women also has implications for safe-sex education. Men are supposed to know everything and cannot admit ignorance, whereas women are not supposed to be aware of issues related to sex.

Looking at the global picture, the growing scale and magnitude of the virus worldwide has become a political agenda rather than merely a medical one. Its dramatic expansion throughout the world in less than 25 years and its speed in becoming an epidemic of worldwide proportions has made the virus unique. The prognosis is that an additional 45 million people will become infected with HIV between 2002 and 2010, unless the world succeeds in mounting drastically expanded global prevention effort (UNAIDS, 2002b). HIV/AIDS has succeeded in joining people around the world in a common consciousness about its

implications. It is an epidemic where the long-term implications could be recognized as they happen.

This pandemic also critically represents a crisis for development in Africa, as it threatens to rapidly reverse the social and economic achievements of the past half century (World Bank 2002). Since the 1980s, when it was first identified, HIV/AIDS has now spread across the globe and is growing fastest in the developing world. Out of an estimated 39.5 million people in the world living with HIV, 63% of all adults and children live in sub-Saharan Africa; a region that has only 10 percent of the planet's population (UNAIDS 2001). An estimated 2.8 million adults and children become infected with HIV in 2006, more than in all other regions of the world combined. This chapter reviews data on the situation of women in sub-Saharan Africa and HIV/AIDS. It describes the account of gender, poverty, education in sub-Saharan Africa and calls attention to the links among these in the context of development in sub-Saharan Africa, and assesses whether women have been given access to the information, skills and services required to reduce their vulnerability and whether has been any reduction in HIV prevalence due to the implementation of national policies.

One of the most important advancements made in understanding the nature, extent, and impact of HIV/AIDS on individuals and communities is the role that gender plays in increasing the pandemic, and promoting its impact. A gendered research perspective assists in adopting the effective delivery of societal vulnerability to this pandemic. Policy makers have debated whether or not HIV/AIDS has social and economic impacts and what they might be. The

epidemic kills people in the prime of their lives. It has changed the lives of individuals, ruined their health, caused their deaths, and left survivors to mourn. HIV/AIDS is the first epidemic of which we have been globally conscious because it is changing not only individual lives but also the trajectories of whole societies. But its global implication for the welfare and wellbeing of others has not been entirely recognized.

HIV/AIDS in sub-Saharan Africa

Across sub-Saharan Africa, HIV/AIDS is significantly cutting life expectancy. The impact of the epidemic reaches far beyond the disturbing record of lives lost, into the poverty of nations, the character of government and the fabric of social and community life. In this sense, the epidemic could be seen as a survival issue for sub-Saharan Africa. Not only does it predict an early and painful death for millions of individuals, but it also threatens to derail infection rates. As well, many countries across sub-Saharan Africa are now witnessing deterioration in child survival rates, reduced life expectancy, crumbling and/or over-burdened health systems and fragmenting socio-cultural coping networks. In both men and women, the epidemic is disproportionately affecting the most productive members of the society – prime-aged adults – robbing these societies of scarce skills, children of their parents and a sub-continent of a generation in the prime of their active lives. As a result, HIV/AIDS is distorting the very fabric of

everyday life with profound implications for social cohesion, economic development and, ultimately political stability.

In order to understand the scale of sub-Saharan Africa's HIV/AIDS-led crisis, one must proceed from the fact that it is complex, multisided and influenced by many medical, social, economic and cultural factors. The evidence is quite mixed with respect to the extent to which different factors contribute to the spread and establishment of the epidemic across the continent, but it is my belief that only after understanding the complexity of these factors that the worth of policy response, action and implementation can be improved. I will not provide a state-of-the-art analysis of some of the dominant drivers of the HIV/AIDS epidemic in sub-Saharan Africa. But in the process, I will argue that sexual behavior and patterns are only one set of many factors working to expose Africans' disproportionately high risk of contracting HIV. I will analyze the patterns of prevalence in Africa and assess the complex array of factors known to be fanning the HIV/AIDS epidemic on the sub-continent.

The most common measure of the HIV/AIDS epidemic is the prevalence of HIV infections among a country's adult population – in other word, the percentage of the adult population living with HIV. Prevalence of HIV gives a good picture of the overall state of the epidemic. In higher prevalence countries, the impact of HIV/AIDS on mortality, life expectancy and household structures is increasingly evident. Changes that are occurring include increases in mortality, declines in life expectancy, differing male and female infection rates, changes in household structures and increase in the number of orphans among many others.

Fuelling factors of sub-Saharan Africa's HIV/AIDS crisis include features and events such as governance and culture, health care infrastructure and women's legal rights, and sexual norms and mixing patterns. The rest of this section will discuss some of the core drivers of sub-Saharan Africa's HIV/AIDS epidemic under the following four broad headings: biological; socio-cultural; socio-political/historical; and socio-economic grounds.

On the biological front, research points to three key factors as the proximate determinants of sub-Saharan Africa's high HIV infection rates. The first of these is the existence of undiagnosed and untreated sexually transmitted disease among many Africans. There is now growing recognition of the public health implications of curable Sexually Transmitted Diseases (STDs) by virtue of their frequency of occurrence as well as their ability when present, to facilitate the transmission of HIV (World Bank, 2000b). One study suggests that the presence of an untreated STD can increase the risk of both the acquisition and transmission of HIV by a factor of up to ten (MEDILINK, 2001). And these bacterial STDs are relatively more common in sub-Saharan Africa where there is less access to health care. Another biological factor is the low rate of male circumcision within some sub-Saharan Africa ethnic groups. In East and Southern Africa, there is a strong association between the high incidence of the disease and the lack of male circumcision. In these geographic locations, entire ethnic groups do not practice male circumcision and the epidemiological analysis strongly suggests that the 'lack of circumcision either directly facilitates HIV transmission and/or facilitates it by rendering chancroid and other genital ulcerating disease (GUD) infections

more likely' (Caldwell, 1995; Caldwell et al., 2000). A comparison of African men with similar socio-demographic, behavioral and other factors found that circumcised men were nearly 60 percent less likely than uncircumcised men to be infected with HIV (Caldwell et al., 2000). A third biological factor to be considered here pertains to the physiological vulnerability of women. In comparison to men, women are biologically more vulnerable to HIV infection. This is due to the fact that they have a bigger surface area of mucosa exposed to their partner's sexual secretions during sexual intercourse, and semen infected with HIV typically contains a higher concentration of virus than a woman's sexual secretions. All of this makes the male-to-female transmission much more efficient than the female-to-male transmission. According to UNAIDS (2004b), there are currently six women with HIV for every five men in sub-Saharan Africa, and more than four-fifths of the global total of HIV-infected women are African. The HIV risk for African girls is even more disproportionate as young women outnumber their male peers by ratio of 2 to 1 in those countries where young people account for 60 percent of all new infections (Lurie et al., 2003b; UNAIDS 2004b).

Alongside the biological factors are a number of socio-behavioral factors such as traditions and practices that promote the transmission. Schoepf, 1993 writes about many people in African societies either do not, or cannot, limit their sexual activities to a single, infection-free lifetime partner. Hope and Gaborone (1999) write on the existence of a rather significant literature with empirical evidence on polygamous relationships and multi-partner sexual relations and their

implications for the spread of HIV/AIDS. According to Hope (2001), some 30-50 per cent of married women in Africa are currently in polygamous marriages. This then means that the greatest danger of infection for women in these relationships comes from their spouses, and it is most likely that the majority of the female AIDS victims have been infected by their husbands (Caldwell et al., 1993; Orubuloye and Caldwell, 1997). Simultaneously some women look for alternative lovers when the husband is with the other wife, and others might accept polygamous marriages to be able to acquire some degree of economic status, while at the same time maintaining their previous sexual relationship (Mbilinyi and Kaihula, 2000). In all of the above scenarios, polygamous marriages endanger the lives of those associated with them. Some socio-political and historical factors further higher vulnerability to HIV infections by creating a fertile environment for individuals and societies to stay in the loop. Examples of such are the lack of adequate investment in health infrastructure, presence of conflict in sub-Saharan Africa, and incarceration.

The fourth and most important category for the purposes of this paper is the socio-economic factors which covers the day to day struggle to survive. This struggle puts in the shade the long term effects of the virus simply because the latter do not show immediate harm. While the relationship between poverty and HIV transmission could seem complicated, it is possible that all the factors predisposing Africans – particularly girls and women – to increased risk of HIV infection are aggravated by poverty (Farmer et al., 1996; Kim et al., 2000;

Namposya-Serpell, 2000). Poverty – especially rural poverty – and the absence of access to sustainable livelihoods are factors in labor mobility.

To the extent that poverty prevents access to medical care, it facilitates the spread of HIV/AIDS. Then again, what seems more important than poverty is the extent to which there is a large socio-economic gap between women and men. HIV prevalence rates are lower when women have significant economic opportunities for remaining financially independent, and when females have access to schooling. Inequality seems to be related to the HIV/AIDS prevalence rate. There is some indication that the larger the inequality, the greater the chance of higher HIV prevalence.

Poverty shapes not only the outlines of the pandemic but also the result once the individual becomes sick with an HIV related infection/opportunistic infection. A strong feature of HIV infection is that it comes together within families, often resulting in both parents being HIV positive – and in time falling sick and dying. Poor families have a reduced capacity to deal with the effects of morbidity and mortality compared to richer ones for very obvious reasons. These include the absence of savings and other assets that can reduce the impact of illness and death. The poor are already on the margins of survival, and are unable to deal with the costs associated with HIV/AIDS. These include the cost of drugs – when available – to treat opportunistic infections, the cost of transport to health centres, reduced household productivity through illness and shift of labor to caring tasks, loss of employment through illness, funeral costs and such. In the long term these kinds of poor house holds never get a chance to recover because

their capacity is already reduced due to the loss of productive family members through death and migration. As a result, the ugly circle of misery revives itself in these communities.

There is, thus, huge damage on the capacity of families to cope with the emotional and economic consequences of illness, such that many families are subjected to enormous amounts of grief and often end up as disintegrated social and economic units. Even where they do disintegrate, where the family loses the breadwinner(s), the process further exposes the rest of the family members to poverty, which then increases their chances of contracting the virus. This is particularly true in the lives of young women, who will often be forced to engage in commercial sexual transactions, sometimes as casual sex workers, as a survival strategy for themselves and their dependents (Greener et al., 2000; Machipisa, 2001; Mutangadura, 2000).

The Socio-economic Impact of HIV on Women and Girls

The following section outlines the major impacts of HIV/AIDS on the social and economic structures in sub-Saharan Africa especially on women and girls. Women and girls face an extreme burden in the era of HIV/AIDS. Not only are they at greater risk of HIV/AIDS than their male counterparts, the impact of household illnesses and deaths cause greater sacrifices by females. This is not to minimize the impact of HIV/AIDS on boys and men, but economic, social and cultural patterns place males in more advantageous positions to cope with the

impact. Existing gender inequalities intensify along with the pandemic. Women may have to give up jobs and income earning to care for a sick spouse or relative. The burden of care-giving falls primarily on women, and that burden carries over into dealing with the possible loss of assets to relatives when the husband dies. Girls, rather than boys, tend to be withdrawn from school to assist with care-giving, household chores and family income support. There are widespread anecdotal reports of men seeking ever younger girls for sexual purposes, including those under 12 years of age, on the assumption that the girls are not HIV-infected or that the man will be cured of his infection.

Girls in household affected by HIV/AIDS are twice as likely as boys to have dropped out of school because families could not pay the school fees or needed the children for household help (Badcock-Walters et al., 2003). In addition, girls and women are subject to sexual exploitation and abuse. A study in Kenya found that the most important reason for high infection rates among girls is the frequency of sexual intercourse with older men (Odipo, 2000). These 'Sugar daddies' seduce these gullible adolescent girls with offers of money, clothes, and status. In turn, these girls and young women give in to sexual relationships in exchange for some level of physical and material security.

In addition, domestic violence, both physical and sexual, towards women and orphan girls and those who do not have strong family support advances sexual harassment and exploitation. The lack of appropriate legal system to address this abuse creates conditions where this can continue. A report from Botswana argues that amongst children aged 5 to 15, sexual abuse by older males

may well account for the majority of, if not all, new HIV/AIDS infections (IRIN, 2003).

The report further notes that HIV/AIDS contributes to a dramatic rise of female-headed households through the death of a male spouse, and that most female-headed households tend to be among the poorest in communities across sub-Saharan Africa. Again, HIV/AIDS is intensifying the gender inequalities of society. In addition to possibly becoming the head of a household, women face other burdens. A study in the early 1990s in Uganda noted the following potential situation faced by widows (Topouzis, 1994). The scenarios can be applied to many societies. Women may experience:

- the loss of land and income
- the loss of their property to the husband's family
- an enforced relationship with the husband's brother
- the exclusive responsibility of raising the children and meet basic needs

According to a study conducted by the Kenyan Ministry of Health in 2002, some households cope with the loss of an adult member by encouraging the marriage of a teenage daughter in order to gain the financial assets of a dowry. The study states that in households in which a female spouse had died, children were likely to be sent to live with relatives or in other households. In contrast, the death of a non-spouse female adult is associated with an increase in the number of boys in the household. This is most likely to help out with household activities formerly handled by the female adult who passed away. This reveals that the

effects of adult death do not depend only on the age and gender of the deceased, but also on the position of the individual in the household. This is a symptom of the prevalent patriarchal system that relegates women to second class status and socially subservient to male controlled institutions.

Power Relations: Inequality and the AIDS pandemic

The impact of AIDS on African individuals "depends on who the individuals are, their place in society and the resources they, their households, communities and societies have available" (Barnett and Whiteside 2002, p. 182). Globally, AIDS increasingly affects those without economic resources and political power. For example, 50 percent of new HIV infections in the US are among African Americans, who make up only 12 percent of the US population and who are more likely to be politically and economically disenfranchised than white Americans (UNAIDS 2004b, p.7). In Africa, women, children migrants, and the poor are more likely to be victims of the disease. While AIDS killed African and elites, the disease reflects inequality on a continent where the richest 20 percent of the population holds over 50 percent of the wealth and the poorest 20 percent has only five percent (World Bank 2002).

Women are seven times more likely to become infected during sexual intercourse with an infected partner than men (Karim, 2004). Yet women's vulnerability to HIV, and the disproportionate impact of the pandemic on women, is also rooted in women's economic power. On average, women in sub-Saharan

Africa work longer hours and for lower pay than men. In Uganda, for example, women account for 80 percent of the agricultural labor and 90 percent of the food production; much of this labor is unpaid (Wanyeki 2003, 19). Many women lack the economic opportunities that men have. Female literacy lags behind male literacy, with an estimated 60 percent of African women literate compared to almost 80 percent of African men (CIA 2004). Women's limited economic power shapes the life choices they make in marriage, formal or informal employment, commercial sex work or relationships with male sponsors. A woman's economic dependence on her husband or boyfriend often makes it impossible to refuse sex or negotiate for condom use even if she knows her partner has had other sexual relationships (Siplon 2005, 24; Irwin et al 2003, 32). Sexual violence exacerbates these problems because it increases the risk of HIV passing through torn cervical membranes. In South Africa, gang rape and coercion often accompany a woman's first sexual experience, and an estimated one in six women is in an abusive relationship (Walker et al. 2004, 17, 28-30).

Popular portrayals of AIDS in Africa often directly or indirectly blame female prostitutes for the pandemic. This picture, though, ignores the complex reasons women engage in sexual activities (Booth 2004, 49). Women may use transactional sex to pave the way for economic survival: customs agents may require sex from traders; bosses may insist on sexual favors in return for a job. A study of eighteen HIV-positive housemaids in Kenya revealed that most of their employers had sexually abused them (Siplon 2005, 24-25). Young women may find "Sugar daddies" to pay for consumption goods or education costs. These

older men have more sexual experiences and are more likely to have been exposed to HIV. Sexual relationships between younger women and older men, as well as younger women's greater biological vulnerability to HIV, have led to more HIV-positive young women in Africa than HIV-positive young men. Among fifteen to twenty-four-year olds in South Africa, there are twenty women living with HIV for every men with HIV; in Kenya these numbers are forty-five women to ten men (UNAIDS 2004b, 3-6; Karim 2004).

Women's lack of political power exacerbates their vulnerability to HIV and the negative impact the pandemic has on them. Women are underrepresented in African governments, and hold few positions in powerful ministries and they have limited political resources at their disposal (Beck 2003, 164). While female officials do not always represent the interests of women, they are more likely than their male counterparts to be concerned with issues related to women and children's well-being (Patterson 2002). Low political representation also means governments are less likely to pass and implement laws to improve the environments that make women vulnerable to HIV.

AIDS and Development

Development concerns the wellbeing of people's lives: economic, political, educational, and citizenship rights of people. It implies either concrete improvement in individual or national circumstances, or belief in change for the better. Individuals', communities' and nations' outlook to the future and hope for

something better is dependent on the health of the people, well-being and their sense of citizenship. Contrary to this, if poverty and absence of hope for the future is prevalent amongst the group, people are left to take short-term risks to earn a living. The poorer a people become, the less likely they are to take risks with the few resources they may already have and the more unwilling they become to invest for the future. In the context of this thesis, some of the problems are about the denial of basic citizenship rights of women.

Development is about hope for the future and changing social and economic trajectories for the better. AIDS will alter the history of many of the world's poorest societies. In the absence of affordable medication, AIDS may be expected to wipe out half a century of development gains as measured by life expectancy at birth. In least developed countries, such as sub-Saharan Africa, global life expectancy of 36 years in the early 1950s rose to 52 in the early 1990s (United Nations, 1996). Yet this progress should not mask the fact that health conditions remain grim in these parts of the world. A child born in the worst affected countries between 2005 and 2010 can expect to die before his or her 40th birthday.

Life expectancy and child mortality rates have been widely used as markers for improvements in the welfare of populations. The impact of HIV/AIDS on child mortality is highest in those countries that had significantly reduced child mortality due to other causes. Many HIV-infected children survive beyond their first birthdays only to die before the age of five. As a result of AIDS, only five out of 51 countries in sub-Saharan Africa will reach the International

Conference on Population and Development goals for decreased child mortality. This means that for many countries in sub-Saharan Africa, 'development' becomes virtually impossible in the era of AIDS. For this reason then development must now be seen against the background of events associated with the epidemic.

The HIV/AIDS pandemic is a major contributor to African poverty (UNECA, 1999a). It continues to have its most serious impact in East, Central and Southern Africa. Some statistics can illustrate the size of the impact. Some 70% of all HIV infection is in Africa, and by the end of 1999, it was estimated that 13.7 million sub-Saharan Africans had died from AIDS, out of a cumulative world total of 16.3 million (IIEP, 2000). The social and individual impact of this is clear. However, AIDS also has profound economic effects. It is those of working age that are particularly prone to infection, and often the better skilled. Teachers are estimated to have high infection rates in a number of countries and the profession is losing large numbers of skilled staff every year. This loss of millions in their productive years will further constrain development efforts. Therefore, the need to prepare for a long-term commitment and for interventions that will extend across one generation or more is a necessity. The impact on education goes beyond the loss of teachers.

The HIV/AIDS epidemic is now being recognized as a development set back of immense difficulty. It is indeed more than just a health problem. Hope in both human and economic is shrinking massively as the disease reduces life expectancy through increased child mortality and higher numbers of orphans.

Never before has the health care system in sub-Saharan Africa been under intolerable strains. Economic development therefore is undermined and human resources are being depleted resulting in poor households and poorer nations. The disease does not respect social barriers and so haunts the rich and the poor alike – making the poor nations, in the process, poorer.

Poverty promotes the transmission of the disease and its more rapid development into full blown AIDS making the poor all over the world the most affected and with the highest infection rates. Among others, here are a few of the reasons that exhibit poverty:

- Lower nutritional status
- Poorer status of general health conditions
- Limited access to fundamental health services
- Lack of access to information

Gender, Human Rights, and HIV/AIDS

Overall, HIV/AIDS reflects conditions of global inequality. But it flourishes where nations are weakened by poverty, conflict, and inequality to meet the basic needs of their citizens. In these situations, women and girls bear the brunt of the pandemic because they are more vulnerable in a range of ways – they lack power in sexual relations, and they cannot control their own bodies, especially in situations of poverty where culture and gender norms force them into dangerous lifestyles.

Gender subordination is a form of discrimination and a key driving force behind the AIDS pandemic. Different societal assignments to males and females affect their ability to protect themselves from HIV/AIDS and cope with its impact. Models of response to this pandemic have relied on individual behavior-change interventions to control the transmission of HIV without addressing the gender-based inequalities that overlap with cultural economic and political inequalities that affect women and men of all ages.

While the disease affects both men and women, recent data shows that girls and young women are being affected in a lot more significant numbers. Women now constitute 48 percent of the 39.9 million adults living with HIV from the 41 percent in the year 2000 (UNAIDS 2006). A variety of factors increase the vulnerability of women and girls to HIV/AIDS, and these include social norms that deny women sexual health knowledge and practices that prevent them from controlling their bodies or deciding the terms on which they have sex.

In many African societies, gender determines what and how women are expected to know about sexual matters. Some local languages have no positive terms for discussing sexuality, which in many cases is shrouded in myths of secrecy and pornography. Some cultures consider female ignorance of sexual matters a sign of purity and, conversely, knowledge of sexual matters and reproductive physiology a sign of easy virtue (Caldwell, Caldwell, and Quiggin 1989). Fundamental to both gender and sexuality is the issue of power. A complex interplay of social, cultural, and economic factors determines the distribution of power. Imbalance in power between women and men restricts

women's sexual autonomy and expands men's sexual freedom, which in turn increases vulnerability to HIV/AIDS (Baylies and Bujra 1995).

Myths and stereotypes about AIDS are such that some women fear to use the condom because they fear that the condom will fall off inside the vagina and get lost or travel to the throat. Such kinds of social and cultural construction of gender and sexuality, with its inherent myths and values around morality and fertility, projects differential social values and norms for women and men and ascribe different sets of knowledge and experiences for women and men. In many societies, multiple sexual partnerships are accepted and condoned for men. Women have to take care to protect their reputation as "proper and reproductive women." Female monogamy and male infidelity and promiscuity are accepted as social norms, putting married women at risk (Jobson, 2001).

The relationship between inequality, poverty and infectious diseases as a whole is observable, though they may not be straightforward, with many confounding variables in a given situation. However, Stillwagoon (2000, 2005) show the link between poverty, inequality and HIV infection. This comparative study provides solid evidence that there is a strong relationship between poverty and epidemic spread.

The African Context and Development Discourse

Considering key themes of culture, equity and development in sub-Saharan Africa will enhance an understanding of the nature of development

model forwarded by a number of African scholars. Broadly speaking, much development planning has been inspired by a process of 'economic catching up'. This process has emphasized the importance of scientific and technological knowledge, which apparently contributes to the destruction of many societal and communal structures thereby their culture. It is true that for some people, their culture cannot be reduced to economics. In the words of Nobel Prize winning economist, (Sen, 1999), "If a traditional way of life has to be sacrificed to escape grinding poverty or minuscule longevity, then it is the people directly involved who must have the opportunity to participate in deciding what should be chosen (p. 33)."

Culture contains the local perception of the meaning of life and so permeates all aspects of life. It contains what is the 'good life' for the local constituents. "It is in fact culture that gives development its raison d'etre and it goal" (Verhelst, 1987:160). On the other hand, it can lead to apathy, if it becomes what Paulo Freire (1972) called 'a culture of silence', with an internalized inferiority complex, leading to dependence. Cultural rebirth, one that generates a sense of self-confidence and mutual trust, is therefore needed, in order to enhance development.

Another well-known author on African issues, George Ayittey, in his book *Africa in Chaos*, 1999 writes on how many would define culture as a set of circumstances in which a person is raised that governs group behavior and that the behavior is governed by many internal and external factors. He claims that despite the rich natural resources that Africa possesses the people remain in the throws of

poverty and the worst imaginable destitution. Ayittey examines the internal and external factors including the general feel of a tyranny among the government.

> Among the external factors are the legacies to colonialism, lingering effects of the slave trade, Western imperialism, and a pernicious international economic system. The internal factors include bad leadership, corruption, economic mismanagement, political tyranny, senseless civil wars, military vandalism, exploitation and oppression of the peasant majority, denial of civil liberties, and capital flight (Ayittey, 1999).

He believes that the answers to the decline of the continent can be found within the people and be solved with out any outside help from the North. He argues that the internal problems are all interrelated, most notably the political and economic systems. Consequently, problems that may seem to be rooted in economics may actually be political and shows itself as a system of poverty. He concurs that the circular nature of their culture tends to hold them in a vicious cycle of being infected and passing on the infection of the HIV virus.

Without delving into details of Pierre Bourdieu's theories, I will briefly touch upon his social theory to explicate how Bourdieu gives serious attention to culture and social class. For him, cultural practices are markers of underlying class distinctions. Social inequality is rooted in structures of unequal distribution of different types of capital. He insists on symbolic dimension of class relations including lifestyle indicators, tastes, educational credentials, gender and age as well as occupation and income. He sees classes as groupings of individuals occupying 'similar positions in social space' an i.e. similar condition of existence and corresponding sets of 'dispositions'. In addressing the role of culture in social

stratification, Bourdieu introduces the notion of symbolic violence; which he defines as "the imposition of systems of symbolism and meaning (i.e. culture) upon groups or classes in such a way that they are experienced as legitimate" (Jenkins, 2002:104). This legitimacy obscures the power relations which permit that imposition to be successful. One of the most powerful and ubiquitous systems of classification in social practice – even in complex societies – is the taxonomy of male/female, and it is this taxonomy through which the division of labour between the genders is assessed, perceived, defined, and structured. The division of labour between the genders is a social construction and a social structure, but, like every established order, it appears to represent the so-called natural order of the world. "This cultural pattern lends itself all the more to naturalization, since it is based, as Bourdieu points out, on the division of sexual labour – in the sexual act and in reproduction – and thus has a biological foundation, unlike other principles of social differentiation" (Krais, 1993:161).

Conclusions

This chapter shows that women are at the centre of the sub-Saharan AIDS epidemic, both in terms of new infections and opportunities for stopping the transmission of HIV though they are potentially the greatest force for change if they can be reached with the right interventions. There is increasing evidence from several countries /lack of opportunities that, where HIV prevalence is decreasing, it is women who are reversing the trends.

Given that 59% of people living with HIV in sub-Saharan Africa are women and that they account for a substantial proportion of the groups who are at particularly high risk of acquiring HIV, there is a clear need to focus prevention activities on women. In addition, societal-cultural-contextual issues should be addressed to ensure that women live in a safe and protective environment that reduces their vulnerability.

While there have been a number of efforts to scale-up interventions aimed at women, large numbers continue to lack the basic information and skills they need to protect them and their family members in the face of existing cultural and socio-economic subordination of women.

Chapter 3: Methodology and Research Design

Introduction

This chapter describes the study and explains the research methods that were used. I discuss the type of research that I did, how I designed the study, the methods I employed to collect data and the justification for the selection, and how I analyzed the data. The study is an analysis of the changing pattern in rates of male/female HIV/AIDS infections, gender-mainstreaming in the education system, and implementing organized approach to translating these policies into action in sub-Saharan Africa nations. As the epidemic has spread throughout the region, there has been a progressive infection rates in women as they are more vulnerable for biological, epidemiological and social reasons. These factors include a lack of knowledge about HIV/AIDS, lack of education and life skills, poor access to health services and commodities, early sexual debut, early marriages, sexual coercion and violence, trafficking, exploitation and abuse.

In recognition of women's vulnerability to HIV/AIDS, the United Nations Millennium Development Goal on HIV/AIDS addresses core elements and renewed commitments to mitigating the disease particularly through gender-mainstreaming. Achieving these goals and targets will make an important contribution towards achieving the goal of universal access to prevention, treatment and care, and this will be necessary to begin to shift the spread of

HIV/AIDS. A generalized HIV/AIDS epidemic does not just happen. There are social, economic and cultural reasons why such events occur.

Abrupt or continuing rapid changes in the social, political and economic life of a society or of a part of a society will inevitably produce cultural change, physical or social mobility, breakdown of control, or all of these. Therefore the causes of an epidemic have to be located in relation to social and economic events. In certain circumstances risk environments develop and these increase susceptibility. Women face restrictions such as discriminatory laws, traditions, and values when they try to access education, knowledge, land, capital, and employment. As a result, women are economically dependent on their male partners, which makes negotiations of safe sex difficult. The situation indicates that, as it progresses, HIV/AIDS is manifesting more of a feminine face. It is indulging on gender inequality and predicting catastrophe for families, communities, and society.

Therefore, this chapter formulates methodology for the design and implementation of policies and strategies where interventions should aim to change the aspects of the socio-cultural context that increase vulnerability to HIV in women.

Methodological Choice

Qualitative methodology is considered most suitable for this kind of research methodology because it is intended to examine the world and understand

it, describe and explain social phenomena 'from the inside' through analyzing. These analyses would include pertinent experiences of different individuals and groups, interactions and communications in the making, and documents (texts, images, film or music) or similar traces of experiences or interactions.

Under such parameters, the researches are designed to unravel how individuals and groups construct the world around them, what they are doing or what is happening to them in approaches that carry great weight and are expressive, and that offer productive insight. All of these approaches represent ways of meaning, which can be reconstructed and analyzed with different qualitative methods that allow the researcher to develop theories as a way of describing and explaining social (or psychological) issues. I consider qualitative research methods to be most suitable for this current study, in view of the dimensions and the nature of the study.

Selection of a Specific Qualitative Method

The specific research method I am using for this study is document analysis devoting imperative emphasis on Critical Discourse Analysis. One form of document analysis is concerned primarily with the "what" or "message" portion of the communication. Whether concerned with a single document or with multiple documents relating to the same event, or written by the same person, analysis which is directed toward the message portion of communication is called "content analysis" (Guba & Lincoln, 1998). Content analysis is a technique for

making inferences by objectively and systematically identifying specified characteristics of messages (p. 14). Documentary analysis then proceeds either from the analysis of the documents and their messages, and as representatives of broader classes of theoretical rubrics for which they were not originally intended but for which, when subjected to certain aggregation techniques, they may yield certain new and broader forms of inquiry data. The meta-analysis of these data which were intended for other purposes is an extremely useful technique with documents written on HIV/AIDS in sub-Saharan Africa.

Document analysis has multiple depths in that it is entirely unobtrusive and non-reactive. It results in data as well-grounded as any method, and documents themselves are unchanging, may be analyzed at any time, and reanalyzed as often as needed. Documents also express the writers' perspectives in his or her own terms – a factor which may be significant when personal or "natural" language is important.

To address the general research question listed in Chapter 1, principles and methods of Critical Discourse Analysis (CDA) is used. CDA begins with a discourse related problem in social life, and seeks to 'contribute to an awareness of what is [the problem], how it has come to be and what it might become, on the basis of which people may begin to make and remake their lives' (Chouliaraki & Fairclough 1999, p. 4). Further as a tool for critical social science, CDA is concerned with 'the destabilization of "authoritative" discourse' (Apple 1989, p.13) as it investigates 'how power, identity and social relations are negotiated, are legitimated, and are contested toward political ends' (Apple 1996, p.130). As

such CDA is a vehicle for public accountability and critique (Maclure 1994), providing a useful 'analytical and political tool for talking back to public discourse … and [for] questioning its constructions of power and agency' (Luke 1997, p.365).

CDA is concerned with how discourses mediate between texts and culture. It rejects the notion of rigid barriers between micro and macro methods of analysis (Fairclough 1995a, 1998). Rather, a critical discourse analyst is concerned with several levels of analysis and with the relations between these levels (Fairclough, 2003). Indeed, a characteristic feature of Critical Discourse Analysis is the movement between the analyses of texts to that of broad social formations (Kamler, Comber & Cook 1997). In this way CDA is a multidimensional method that includes one, or all, of the following: the analysis of texts by the identification of features of the text through which discourse may be traced; the analysis of discursive practices drawn on in the production and interpretation of texts and of the interrelationships between them, that is, an analysis of the interdiscursive nature of texts; and, finally, the analysis of social and cultural practices (Fairclough, 1993, 1995a, 1998, 2001a).

Data Collection and Analysis

In data collection, this study is limited to several types of documents, and excludes other sources of data such as interviews, questionnaires and direct observation. According Lincoln and Guba's (1985) definition, documents are

written communications prepared for personal rather than official reasons (cited in Gall et al., 2003). For the purposes of clarity, the documents that are explored in this study are official texts that are mainly categorized as secondary sources. These are documents 'in which an individual gives an interpretation of primary sources and other secondary sources (Gall et al., 2003), p. 521).

The methodology of content analysis lends itself to rigorous and systematic analysis of communication as messages. But in the real context of qualitative methodology, though it may aim to selectively systematize, there's always the issue of shifting social context that influences the general parameters and relationships. In order to satisfy the criterion of objectivity, and to "minimize … the possibility that the findings reflect the analyst's subjective predispositions rather than the contents of the documents", rules must be derived, procedures clearly delineated, and selection criteria clearly defined. For the purposes of the systematic process, once the rules have been clearly explicated, they are applied in the same way to all content whether the researcher/analyst regards it as relevant or not. And finally, for the purposes of generality, the findings ought, in the long haul, to display theoretical relevance; they ought to further the development of insights with respect to context which serves in other instances. (Holsti 1969. p.5) reinforces this point very clearly:

> "…Purely description information about content, unrelated to other attributes of document or to the characteristics of the sender or recipient of the message is of little value …Such results take on meaning when we compared them with other attributes of the documents, with documents produced by other sources, with characterstics of the persons who produced the documents, or the times in which they lived, or the audience for which they were intended. Stated somewhat differently, a datum about communication content is meaningless until it is related to at least on other

> datum … Thus all content analysis is concerned with comparison, the type of comparison being dictated by the investigator's theory."

The Country Progress Reports

The Country Progress Reports used in this study document the work of the respective nations in fighting against the AIDS epidemic. The reports are submitted to the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS which was adopted in June 2001, New York. In adopting this Declaration, member states obligated themselves to regularly report on the country's progress to the General Assembly every two years. The Declaration remains a powerful tool to guide and secure action, commitment, support and resources for the AIDS response (UNAIDS, 2008). Following is the list of selected sub-Saharan Africa nation reports for the period of January 2006 – December 2007, and a condensed summary:

1) Report on Progress towards Implementation of the UN Declaration of Commitment on HIV/AIDS. The report is written by the Federal HIV/AIDS Prevention and Control Office of the Federal Democratic Republic of Ethiopia on January 24th, 2008 in Addis Ababa, Ethiopia.
2) UNGASS Country Progress Report of the Government of Uganda, written by the Uganda AIDS Commission and the Uganda HIV/AIDS Partnership.
3) Zambia Country Report: Multi-sectoral AIDS Response Monitoring and Evaluation Biennial Report. This report is written by the ministry of

Health and the National AIDS Council of the Republic of Zambia on January 31st 2008.

4) Republic of Botswana - 2008 Progress Report of the National Response to the UNGASS Declaration of Commitment on HIV/AIDS by the Ministry of State President National AIDS Coordinating Agency
5) Republic of Namibia - United Nations General Assembly Special Session (UNGASS) Country Report –Ministry of Health and Social Services
6) UNGASS Country Progress Report: Tanzania mainland, prepared by the Tanzanian Commission for AIDS
7) Sierra Leone – Country Report on Declaration of Commitment to HIV and AIDS, prepared by the Sierra Leone AIDS Commission
8) National Report on the Progress of the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS, compiled by Dr. Agnes Dzokoto, Ghana AIDS Commission.
9) Nigeria UNGASS Report-2007, prepared by the National Agency for the Control of AIDS
10) Rwanda - United Nations General Assembly Special Session on HIV/AIDS Country Report, prepared by the Republic of Rwanda.

Inclusion criteria for the above listed 10 reports were that:

- study was done on sub-Saharan Africa nations that represent the four major regions of sub-continent i.e. West Africa, Central Africa, East Africa, and Southern Africa. Rwanda is the only Central African nation that reported

using the English language, therefore the only representative of that region. From each of the remaining three regions, three countries, whose reports were in the English language and make the case of women a high priority, were included in the study.

- study described interventions at reducing the risk of HIV transmission among women by providing increased access to information, skills and services for HIV prevention
- study described interventions directed at the community level to challenge oppressive socio-cultural norms

All of the reports comprise combinations of components, such as:

- an overall status of the AIDS epidemic in the country;;
- identification of vulnerable and most at risk groups;
- change in behaviour and knowledge;
- national response to the epidemic with indicators such as mainstreamin of HIV/AIDS;
- laws and regulations;
- community response and international support;
- prevention (education, HIV counseling and testing and issues around blood safety);
- care and support for orphans and vulnerable children;
- Antiretroviral treatment and TB/HIV services;
- an overview of how programs are monitored and evaluated;

- conclusion on achievements and key challenges.

These components may be targeted at different levels, including the individual (for example, by providing life skills training), the family (for example, by improving intrafamily communication about sexuality), and the community (for example, by providing access to female-friendly health services, mass media campaigns aimed at changing norms in society regarding gender roles or intervention directed towards men to decrease girls' vulnerability). Furthermore, many of these specific components are, in themselves, complex interventions. To be effective, most would involve bringing about profound socio-cultural and behavioral changes among both the implementers (for example, who must respect confidences and understand and empathize with women's concerns) and the potential target groups.

The ten documents varied markedly and ranged from 22 pages in length to 78 pages. This resulted in a great deal of deliberation taking place over how he documents were actually going to be analyzed. Data analysis took the following 4 steps:

Step I) Familiarization with the data

Familiarization with the data involved reading through the tem documents to gain a general picture of the material, some in hard copy and others downloaded from the UNAIDS website. Reading through and digesting the documents was a lengthy process as the reports were quite broad in nature and provided a very rich data source.

Step II) Simple sort

A simple sort of data reduction took place as documents were sorted according to the content of the documents and commonalities between the contents. Thurs, similar documents were collated together, for example. (i) documents which consisted of sexual violence against women, (ii) documents which were composed of a list of risk factors/vulnerability, (iii) documents which consisted cultural norms that were seen as problems, (iv) documents which focused mainly on education of women and girls. This was an essential preliminary step in data reduction and enabled the researcher to gain a feel for the breadth and variety of the documents assessed.

Step III) Establishing data base

Each document has been thoroughly critiqued and common issues identified and a computer data base was established using MsExcel. Critiquing each document, registering information on the data base was a time consuming and laborious process and took between 1.5 and 4 hours per document. However, consolidating the document data enabled pertinent issues to be explored more easily.

Step IV) Final Analysis

The data was then analyzed by examining similarities and divergences of the content. This was useful to illustrate the range of cultural risk factors enlisted in the documents, to explore their popularity, the frequency with which they are cited and most importantly to examine the research evidence supporting their use in the document.

The data indicates that women represent a significant proportion of the groups most at risk of HIV. In sub-Saharan Africa, for example, an increasing number of young women in their teens and early 20s are joining the sex trade signaling a huge potential for the spread of HIV among women. The reports show high HIV infection rates associated with high numbers of sexual partners, the presence of Sexually Transmitted Infections, and inconsistent condom use. Awareness on the way the virus is spread resulting into changes in sexual behavior are important determinants that contribute to the spread or reduction of HIV/AIDS. The data available on girls and women shows that they are also at a much greater risk because of both biological and cultural factors. Girls in Ethiopia, Tanzania, South Africa, Sierra Leone, and Botswana are more vulnerable to HIV than boys because of early age at sexual debut, early marriage, sexual abuse and violence such as rape and abductions. Behavioral surveys summarized in the reports suggest the population awareness about HIV and AIDS is high and that behavioral change is increasing. Accordingly, 90% of women and 97% of men aged 15 – 49 in Ethiopia have heard of HIV/AIDS, 28.3% women and 35.8% men in Uganda have comprehensive knowledge about HIV/AIDS, and 36.9% men and 34.0% women in Botswana correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (FAPCO, 2008; UAC, 2008; NACAB, 2008).

Despite the evidence for higher awareness in almost all of sub-Saharan Africa, substantial differences in prevalence are found between men and women. This is exceedingly true in the sub-continent due to a complex combination of

social, cultural and economic factors that increase the vulnerability of women to HIV. Given the increasing feminization of the epidemic, examination of these factors in the local context and appropriate tailored interventions are critical.

Summary

This chapter described the research method employed to further explore the continued struggle to give women in sub-Saharan Africa voice in this era of massive HIV/AIDS infection rates. It articulates the study's paradigm as the critical theory paradigm. It also offers the rationale for the selection of qualitative research methodology as its foundational approach, and the use of documentary analysis drawing on selective methods and principles of critical discourse analysis. These selections are made with respect to the timeline, the research purposes and the nature of the research. I used these methods to enhance the explorations and the ways in which discursive social practices in wider contexts provide for the context of text production, and shape the text, its contents and language.

My goal of evaluating practice and implementation of policies, and review of priorities for action within the education system was met. And from my analysis, I gained a depth of understanding of the issue at hand. Additionally, I felt that I was able to respect the women of sub-Saharan Africa and protect their entitlement as agents of change.

Chapter 4: Findings & Analysis

Introduction

Here I present the findings and analysis of this study. After carefully reading and analyzing the data, I feel this chapter reveals the false impressions of the practice of tolerable gender mainstreaming to mitigate HIV/AIDS in sub-Saharan Africa.

Gender has been identified as the key crosscutting issue in addressing the HIV/AIDS epidemic in sub-Saharan Africa and beyond, visible in the ever-growing body of literature on gender and HIV/AIDS (Cadwell et al., 1989, Barnett & Whiteside 2006, Barnett, 1997, Campbell, 1997, Bujra, 2000a). As the two most important factors behind the spread of the epidemic in sub-Saharan Africa, poverty and male sexual power have been singled out (Drinkwater, 2003; Bankole et al., 2004). More generally, sexual behavior and attitudes of men – albeit acknowledging that age, wealth, education, personality and socialization all result in wide differences in every aspect of male behavior – combined with deep rooted gender inequality, are regarded as a principal force driving the epidemic worldwide (Scalway, 2001; UNAIDS, 2004a)

While in 1985 roughly half a million men and half a million women were living with HIV/AIDS in sub-Saharan Africa, since then the number of women relative to men has increased every year. In 2006, 59 percent (up by 2% since 2004) of infected adults aged 15 to 49 years were women. This makes sub-

Saharan Africa the only region in the world in which overall HIV infection rates are higher for women than for men (UNAIDS, 2006). At the same time it has been realized that gender roles and a gender understanding which equates masculinity with sexual prowess, multiple sexual partners and a general dominance over women, often coupled with a reluctance to access health or emotional support services, poses equally a burden on men and makes them prone to engage in sexual behaviour that carries a high risk of HIV transmission (Scalway, 2001; UNAIDS, 2004a). Simply by fulfilling their expected gender roles, women and men are likely to increase their personal risk of HIV infection, which in no part of the world is more obvious than in sub-Saharan Africa, where heterosexual intercourse is by far the predominant mode of HIV transmission (UNAIDS, 2004b). But, while a lot is written on the special vulnerability of women, the majority of intervention strategies have only focused on risk communication strategies with the ultimate objective of individual behavioral change, often coupled with the social marketing of condoms (Campbell, 2003; PANOS, 2003). These are regarded as the only and best available prevention tool. Nevertheless, these strategies have failed to stop the spread of the epidemic in many sub-Saharan Africa communities, not least because in an environment characterized by the subordination of women to men.

Therefore, while many stakeholders cater to the idea of HIV/AIDS mitigation in sub-Saharan Africa through the empowerment of women with great optimism, those cultural norms that debilitate the status of women in the face of

HIV/AIDS still exist profusely. Some of these cultural presumptions are all too often optimistic and only serve to maintain the status quo.

In this chapter, I will describe uncontested assumptions to examine and evaluate their likely implications. In the following, I will inspect major problematic assumptions embedded in the policy documents and annual reports, but have been difficult to implement as exhibited in the county-specific reports. Ultimately, these assumptions relate to the unequal power women have in relation to men in all areas of social, cultural, economic and sexual relationships.

Findings

The findings will be discussed in terms of efficiency of interventions as implemented in the ten country reports in the following 4 broad categories:

1) Control over sex and reproduction

2) Lack of unequal access to education

3) Socio-cultural impositions

4) Economic factors

Control over Sex and Reproduction

The imbalance of power created by a differential access to education and other productive resources translates into an unequal balance of power in sexual interactions in which the satisfaction of male pleasure is more likely to supercede that of female pleasure, and where men have greater control over their sexuality.

Explicit and implicit rules imposed by society, as defined by gender and age profoundly influence an individual's sexuality (Parker and Aggleton, 1999).

The balance of power in any sexual interaction determines its outcome. An understanding of individual sexual behavior or sexual risk thus necessitates an understanding of gender and sexuality as constructed by socio-cultural and economic forces that determine the distribution of power. Marked levels of gender imbalances are recorded in the Tanzanian report where a number of cultural values and norms namely – stereotypes, gender roles, violence and harassment play a bigger role in the power relation. The lack of control over sex and reproduction is related to cultural norms that demand 'innocence' from women about sexual matters, leading to a culture of silence which makes it 'inappropriate' for women or girls to discuss sexual issues. In Zambia, women are taught to never refuse their husbands sex regardless of the number of extra-marital partners he may have or his non-willingness to use condoms (National AIDS Council of Zambia [NACZ], 2008). This is often the case even when he is suspected of having HIV or other Sexually Transmitted Infections. The Tanzanian report explains the attrition of values on communal upbringing of children, and especially girls, in the society by not teaching sexual reproductive education immediately after puberty as an indirect factor that fuels up the epidemic (Tanzanian Commission for AIDS, 2008). These norms also lead to women being less well informed about Sexually Transmitted Infections (STIs) in general and HIV/AIDS in particular, and thus less able to prevent HIV infection. In addition, women and girls are expected to behave passively in sexual

encounters, many of which take place between young women and older men. Here, the older men are likely to have had many sexual partners before marriage, making them more likely to carry the HIV virus, while their wives are likely to have less voice partly due to their own immaturity.

These cultural norms and practices are compounded by and coupled with norms of masculinity. Notions of masculinity in most sub-Saharan Africa communities emphasize domination over women and control of their lives as essential element. As such sexual relations within and outside marriage becomes increasingly related to the economic and social survival of women in such contexts. All in all, with fewer skills and means to earn income, women and girls come to rely on 'sexual networking' as an economic strategy to support themselves and their family members. Thus, sexual networking and multiple partner strategies are a function of women's continuing subordinate status and rooted in a lack of women's alternative livelihood opportunities, and as such reinforce women's dependency on men for their survival. In times of AIDS, they also put women at greater risk of infection. The Zambian report states that for female sex workers who are away from the security and stability of home there is a tendency to engage in high-risk sexual behavior for monetary and/or material favors (NACZ, 2008). This results in a sharp difference in social and economic roles, and access to income and resources (Smith & Cohen, 2000). The HIV/AIDS epidemic is intensifying this unequal status of women. And, at the same time, it might involve a death sentence for women if they simply continue the 'normal' behavior of being monogamous in their relationships. As such,

HIV/AIDS highlights the danger women face in relation to fertility, motherhood and sexuality as normal members of their respective societies. In turn, women's greater susceptibility to infection can only be reduced when changes in cultural beliefs and gender stereotypes that perpetuate the belief that women are inferior to men occur, ideologies of masculinity and femininity which make it seem natural that men should have the upper hand when it comes to economic decision making, opportunities for advancement, expressing their sexual desires and satisfying their sexual needs, must be altered.

Stigma and Discrimination. Most women are at risk because of their powerlessness relative to men in the overall organization of society and this subordinate position circumscribes their livelihood options. Even though women are more susceptible to infection, there has been a tendency in many settings to stigmatize women with AIDS and perceive them as the main transmitters of the virus. This tendency emanates from women's inferior position in their communities as well as from the initial focus in relation to HIV transmission on female prostitutes among other groups. In Zambia, female sex workers were targeted as the female most at-risk and most discriminated population during 2006 (ZNAC, 2008). The fact that AIDS is perceived as a women's disease loaded with stigma is aided by the fact that countrywide prevalence rates are often based on sentinel surveillance of antenatal clinic attendants, and the fact that most families only find out HIV is among them when a woman becomes pregnant and attends such health facilities. The reports from Ethiopia, Tanzania and Zambia show that while both men and women, are stigmatized for breaking sexual norms, gender-

based power results in women being blamed more easily, while at the same time the consequences of HIV infection and the burden of care is considerably higher for women than men (Federal HIV/AIDS Prevention and Control Office [FHAPCO] 2008, TCA 2008, ZNAC 2008). It also shows, that there is a widely held perception that especially the poor women often have no choice but to engage in behavior that risks HIV transmission, while it is men who 'fool around' in particular richer men. But in spite of these insights, a man who knows he infected his wife might still force her to get tested, and when she test positive he can lay the blame on her as women's transgressions are judged more severely than men's.

What has become clear at this point is that mitigation needs to set off from a focus on empowering women to regain control over their sex lives and reproduction. A key discussion to this is the understanding of socially constructed male-female relations that underpin individual behavior as well as the norms and laws governing the social, cultural and institutional context. The following discussion is in relation to unequal access to education.

Lack of unequal access to education

In many respects, schools are well placed to achieve the ultimate goal of decreasing HIV prevalence among young men and women mainly because they are the one institution that is regularly attended by most young people. Schools provide an opportunity for interventions to achieve high coverage of young people before or around the time they become sexually active.

This section will examine the effects of school-based interventions on sexual risk behaviors among women. A large number of sex education and HIV education interventions are being implemented through out sub-Saharan Africa, however the percentage of men and women who understand the correct prevention methods is still very limited. For example, data shows that 34 % of women and 36.9% of men aged 15 – 24 in Zambia, 29.5% of women and 35.3% of men aged 15 - 24 in Uganda, 40.9% of women and 50.1% of men aged 15-24 in Tanzania can both correctly identified ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission (ZNAC, 2008, Uganda AIDS Commission [UAC], 2008, TCA, 2008). The choice and implementation of interventions may well be constrained by the availability of teachers and curricular materials as well as teacher training; access to other financial, material and technical resources and the culture and norms of the community and the schools themselves. Furthermore resistance among teachers to discussing sexual behavior with younger students due to cultural norms may mean that they feel uncomfortable discussing sexual matters in the classroom. Given this background, girls' education impacts their sexual behavior and their chance of contracting HIV/AIDS. Attending school and gaining a higher level of education also influences sexual behaviors in the age of sexual debut, amongst other issues such as the number of sexual partners, use of condom, and overall control over sex and reproduction.

Age of sexual debut. Five reports explicitly draw the link between young women's educational attainment and age of sexual debut (FHPCO, 2008; UAC

2008; ZNAC, 2008; Republic of Rwanda Ministry of Health [RRMH], 2008; National AIDS Coordinating Agency of Botswana [NACAB], 2008) . Three show a positive impact of education on sexual debut as more sexual women started having sex later. Even though there is strong evidence that women currently attending school are less likely to have had sex than those out of school, it cannot be assumed that girls who drop out of school then become sexually active. It is also possible that the relationships work in the opposite direction, and that girls who are more sexually active are more likely to drop out of school (because they become pregnant, for example). Although these reports seem to suggest that girls' attendance at school or higher levels of education may be related to later sexual debut, it is difficult to conclude whether or not schools positively impact on the age of sexual debut or whether sexually active girls are simply more likely to drop out of school. It is my belief that in-depth studies would be needed in order to answer this question.

Socio-cultural norms of masculinity and femininity

Gender norms that create an unequal balance of power between women and men is deeply rooted in socio-cultural context of each society, and are enforced by that society's institutions, such as schools, workplaces, families, and health systems (Wingood and DiClemente, 2000). This section provides the findings of male and female sexuality as they influence women's and men's vulnerability, their sexual communication, and their ability to access resources and services when infected by HIV/AIDS.

The dominant ideology of femininity in most sub-Saharan Africa casts women in subordinate and dependent position. In terms of HIV/AIDS this ideology often assigns to women particular roles that substantially influence the designs of HIV/AIDS interventions that are ultimately harmful and counter productive. In sharp contrast, the dominant ideology of masculinity characterizes en as independent, dominant, invulnerable providers. This greatly influences women's and men's attitudes and behavior. Some ways in which these dominant ideologies influence women's vulnerabilities are:

Knowledge of sex and HIV risk. The dominant ideology of femininity dictates that 'good women' are expected to be ignorant about sex and passive in sexual interactions (Pavia, 1993). Analysis of levels of knowledge about HIV/AIDS prevention in all the ten countries found that levels of knowledge are in all cases higher among men than among women, with 35 percent of men, on average, having accurate knowledge about HIV/AIDS transmission and prevention as compared to roughly 29 percent of women. This knowledge imbalance greatly hinders women's ability to be informed about risk reduction. A lack of knowledge also fosters the development of fears and myths about condom use and other prevention methods. But, even when a woman is informed or has accurate information about sex and HIV prevention, the societal expectation for her to be 'innocent' makes it difficult for her to be proactive in negotiating safer sex. At the same time, the norms of masculinity expect men to be more knowledgeable and experienced about sex. This assumption puts the men at risk

of infection (RRMH, 2008; National Agency for the Control of AIDS, [NACA], 2008; Ministry of Health and Social Services, [MHSS], 2008).

Fidelity vs. multiple partnerships. The dominant ideal of femininity emphasizes uncompromising loyalty and fidelity in partnerships. Three of the reports show that the corresponding communities believe that variety in sexual partners is allowed for men and they will inevitably seek multiple partners (FAPCO, 2008; ZNAC, 2008; Ghana AIDS Commission [GAC], 2008). Recognition of multiple partnerships for men but not for women sets a double standard for sexual behavior that seriously challenges the effectiveness of HIV prevention efforts that expect men to be faithful and reduce the number for sexual partners. This points out the need for HIV/AIDS prevention efforts to change the gendered norms of sexuality, if interventions are effective.

Sexual domination and violence against women. A disturbing outcome of the emphasis on sexual and physical domination of women is violence against women. The reports in this study show that an average of 30% of women has reported physical assault by an intimate and/or sexual partner (RRMH, 2008; TCA, 2008; Sierra Leone AIDS Commission [SLAC], 2008). Violence against women contributes both directly and indirectly to women's vulnerability to HIV. Most evidently, violent sexual acts such as rape are likely to result in vaginal tearing which dramatically increases their risk of contracting an STI or HIV from the rapist (Maman, Campbell et al., 2000). In addition, fear of violence or abandonment often prevents women from discussing fidelity with their partners or asking their partners to wear condom. Fear of violence is also a barrier to the

success of efforts that seek to reduce the prenatal transmission of HIV. The experience of violence is a strong predictor of HIV in the case of Tanzania women who sought clinical services, the odds of reporting violence was ten times higher among HIV-positive young women than similarly aged HIV-negative women.

Access to services. The barriers that women face in using services are frequently related to socio-cultural norms that assign reproductive responsibilities completely to women and shut men out of parenting and nurturing roles. In all of the reports, family planning is classically not designed to reach men or meet men's needs. Because HIV/AIDS information and services are provided primarily in such clinics, men are less likely to profit from those services and are thus less likely to be fully informed about prevention strategies, care and support. This has significant implications for men's ability to protect themselves from infection and cope with the epidemic.

Economic Factors: Poverty and Dependency

Poverty and economic dependency greatly increase HIV/AIDS vulnerability. All thorough sub-Saharan Africa economic growth has noticeably decreased the numbers of individuals living in absolute poverty. Women's economic status has also shown significant improvements over the last decade. The gender gap in education is significantly lower and there are more women earning an income today than ever before. Yet, it is also true that the majority of these women are in insecure jobs in the informal sector and those that are

employed in the formal sector continues to earn less than men (UNIFEM, 2000). Within two countries under this study, there are also sharp differences between women based on ethnicity, race, and economic status. A review of women's economic status is important in order to assess their vulnerability to HIV because of the strong evidence to establish a direct link between women's low economic status and their vulnerability and exposure to HIV. Following are findings in which women's economic status affects their vulnerability in the HIV/AIDS epidemic.

Condom use. All reports give account to the impact of education on condom use. The findings are strikingly similar and provide by far the most conclusive and powerful message: more girls' education increases the chances that young women use condoms. All reports suggest that women with more education were more likely to use condoms. Interestingly, the Tanzanian report demonstrates the positive impacts of education on condom use to be inter-generational: young people who lived in household with a more educated adult were more likely to use condoms than those living with less educated adults (TCA, 2008). The remarkably similar findings across the studies demonstrates very clearly how girls' education can help women to negotiate safer sex. This finding also precedes a discussion on control over sex and reproduction which ties into cultural norms with gender-specific constraints.

Sex as a marketable commodity. All ten reports indicate that poverty is overwhelmingly the root cause for women bartering sex for economic gain or survival. When sex buys food, shelter or safety, it is very difficult to follow

prevention messages that call for a reduction in the number of sexual partners. Alarmingly, all reports show that women in this setting who entered a sexual relationship out of economic necessity had increased odds of having STIs and HIV infection.

Impact of migration. Poverty and the lack of opportunities in the rural areas make it more likely for both men and women to migrate in to the cities in search of income and employment. Besides disrupting the stable social and familial relationships, it exposed them to increased risk of infection. Five reports show that rural-to-urban migration of men leads them to form new sexual networks in areas where an unequal ratio of men to women and higher prevalence rate is likely to make them more vulnerable to infection (GAC, 2008; RRMH, 2008; FAPCO, 2008; UAC, 2008; NACAB, 2008). When the men migrate for work and come back home, the vulnerability of their female partners who are left behind is significant. This situation is further exacerbated when the partners who have been staying home find it extremely difficult to insist that the traveling partner use condoms (GAC, 2008; RRMH, 2008; FAPCO, 2008). Migratory female workers face similar risks. Being away from home makes it likely that they will establish new sexual networks, mostly for money (UAC, 2008).

Access to and use of service. Economic factors such as the lack of money to pay for services or transportation also affect women's access to and use of services. The substantial workloads of women who live in poverty make it more difficult for them to take time to access services. The daily burden of work coupled with fear of stigmatization and discrimination makes the use of services

particularly difficult for rural women as they have to take time to travel to urban areas or village centers where services are located (FAPCO, 2008).

Women's economic vulnerability further constrains their time. Women are concentrated in more insecure jobs with longer hours, poorer pay, and little or no benefits. These long hours are added to women's already large burden of domestic work.

Summary

This chapter highlighted some of the major gaps between the policy document and the country reports, and examined how and why these gaps are not given priority, and what educational as well as socio-economic implications are brought about. These findings present four distinct categories of analysis - control over sex and reproduction, lack of unequal access to education, socio-cultural factors, and economic factors. This study considers that HIV/AIDS mitigation in sub-Saharan Africa necessitates higher degree of implementation strategies in regards to gender-mainstreaming in the education system. As well, delivery of HIV/AIDS mitigation needs to address the place of women in sub-Saharan societies and work towards the achievement of equality and human rights.

Within each category there were themes. The themes were summarized and supported by the ten country reports. Throughout the findings, I showed common threads that seemed to weave their way through many of issues women face. One major thread that kept appearing is the utmost need to mainstream

gender in HIV/AIDS education. The second common thread is the issue of cultural impositions and expectations on women. These findings were more apparent in the sub-Saharan context than any other region in the world. To conclude this chapter, the findings from this study show that women in sub-Saharan Africa continue to stand in front of the ugly face of HIV/AIDS. Dimensions affecting their livelihoods are immense. Unless gender mainstreaming is at the top of priorities for action in every country in sub-Saharan Africa, women will continue to take the brunt of this pandemic and consequently sub-Saharan Africa will continue to face the devastating effects of HIV/AIDS. The International Center for Research on Women (ICRW) identifies six sources of power for women as: information and education, skills, access to services and technologies, access to economic resources, social capital, and the opportunity to have a voice in decision-making at all levels. According to Gupta (2000b), and as the findings of the study show empowered women in the era of HIV/AIDS are primarily those that are educated and have the information they need about their bodies and sex.

Recalling the purpose of this study was to evaluate practice and implementation of policies and provide a comprehensive review of priorities for action; thereby clarifying our understanding of and commitment to the role education plays in mitigating HIV/AIDS the final chapter of this study examines these findings and draws conclusions and recommendations as to what these findings may mean in relationship to this question.

Chapter 5: Conclusions and Recommendations

Introduction

This chapter presents the conclusions and recommendations that I made from analyzing the finding in relation to the study's purpose. Since the purpose of this study was to clarify our understanding of the role the education system needs to play in reducing HIV infection rates and mitigating HIV/AIDS – such as the prevention of HIV among women – in sub-Saharan Africa in complex areas of program development and delivery, I reflect on the findings in relationship to this purpose. It also provides a vision and potential (with necessary preconditions) for desirable, sustainable and effective practice of gender-mainstreaming in mitigating the spread of HIV/AIDS in sub-Saharan Africa.

Review of the Study

Despite international and intra-national efforts to combat the HIV/AIDS epidemic, an estimated 39.5 million people were living with HIV/AIDS in 2006. Half of this total are women, and in sub-Saharan Africa, for every ten adult men with HIV, there are about 14 adult women who are infected with the virus. Twenty-five years after the first cases of AIDS were recognized, the HIV pandemic continues to pose unprecedented challenges to individuals, families, communities and governments around the world, especially in sub-Saharan

Africa, which bear the greatest burden. Women are particularly affected in terms of transmission, vulnerability and impact.

In addition to HIV being a focus of the Millennium Development Goals, global goals were also endorsed during the UN General Assembly Special Session on HIV/AIDS. Some of the major goals and targets that were agreed are explicitly directed towards women. Achieving these targets will require national governments, civil society and funding agencies to expend far greater resources and make stronger efforts to prevent HIV among women. This study focused clarifying the understanding of progress made by participating countries in complex areas of program development and delivery – such as the prevention of HIV among women. This study also provides a comprehensive review of the evidence on the effectiveness of interventions to prevent HIV among women in sub-Saharan Africa, and evaluate a growing nurturing of social norms and practices that allow women to exercise control over their lives. In terms of resources that are directed towards preventing infection among women, it is not just a question of increasing the resources but also of ensuring that the resources are used effectively. So, it is important not only to be able to make a compelling case for focusing on women but also to be clear about what needs to be done. This chapter summarizes the main findings of the systematic reviews, and draws overall conclusions and makes recommendations.

Summary of Findings

Girls and women are vulnerable to HIV simply because they do not have enough power to protect themselves from infection. In order not to be infected with HIV, a woman has to have control over who she has sex with as well as when and how to have power. The sad reality is in all the countries under this study, only the men seem to have the power. For this reason alone HIV prevention messages continue to fail. The challenge lies in empowering all women to take control of their own lives. And the best way to build their confidence and self-autonomy is undoubtedly through girls' education.

The first finding is that more highly educated women are better able to negotiate safer sex. An increasing number of studies show that this may be having a real impact on HIV rates. The findings also suggest that the more education the better. However, it is ironic that the vast majority of girls in sub-Saharan Africa still do not receive a primary or secondary education. Education is a fundamental human right, embedded in numerous international conventions and the Millennium Development Goals. Promoting universal access to good quality education and closing the gender gap at all levels of education are major steps in the right direction. But if education is to play a significant role in reducing the vulnerability of girls and young women to HIV infection, these steps need to be accompanied by sector-wide efforts to eliminate negative images and gender stereotypes, foster gender relevant knowledge, and promote appreciation of women's role.

This research paper has been instrumental in looking at issues around the establishment of cultural-sensitive and-inclusive development through educational

policy and practices, and their meticulous translation in empowering women in the fight against the HIV/AIDS pandemic in sub-Saharan Africa. Educational programs that are gender-sensitive must recognize the different types and degrees of risk women face. Such programs should also help both women and men to understand and act upon the culturally imposed unequal power relations between them.

In sub-Saharan Africa, an area highly affected by AIDS, the epidemic is increasing the scale of existing systematic and management problems in education. While education systems have always had problems of supply and demand, HIV/AIDS magnifies these problems. All levels of the education system have to respond to the changing needs of learners and educators.

The second important exposé is that while gender roles for women and men, to this day, vary considerably from one culture to another, as well as between social groups in the same culture, being a woman or a man generally includes complying with strictly defined expectations and norms. Furthermore, it is fairly consistent across cultures that one finds a distinct difference not only between women's and men's roles, but equally in access to resources and decision-making authority. In many patriarchal systems across sub-Saharan Africa, as it is in other parts of the world, this translates into superior status being assigned to men. Starting with early socialization, women are taught to be subordinate and respect men's wishes. These gender norms that give women lower cultural and socio-economic status have implications for 'patterns of sexual relations' as well as an individual's attitude towards their own sexuality. In due

course, the "understanding of individual sexual behavior and susceptibility to HIV infection necessitates an understanding of gender and sexuality as constructed by a complex interplay of social, cultural, and economic forces that determine the distribution of power" (Gupta, 2000:2).

Third, all models and theories discussed in this paper reflect that addressing gender inequalities is integral and most crucial to addressing the HIV/AIDS epidemic. This also calls for a proper understanding of gender. There is great need for theoretical and practical recognition and interventions to keep two audiences in mind: women and girls on the one hand, in order to provide them with social, economic and negotiating skill that will empower them to minimize their risk of HIV infection; men and boys on the other hand, so that a better understanding of their gender roles may lead to less dominance and more care and responsibility in their sexual behavior.

Crucial to understanding HIV/AIDS transmission and initiating appropriate programs of action is an understanding of the socially constructed aspects of relations between women and men that underpin individual behavior, as well as the gender-based rules, norms and laws governing the broader social and institutional context. In sub-Saharan Africa, gender relations are characterized by an unequal balance of power between men and women, with women having fewer legal rights and less access to education, health services, training, income-generating activities and property. This situation affects both their access to information about HIV/AIDS and the steps that they can take to prevent its transmission.

Beyond the statistics of sex-based differences in infection rates, there are profound differences in the underlying causes and consequences of HIV/AIDS infections in women and men. These reflect differences not only in biology but also in sexual behavior, social attitudes and pressures, economic power and vulnerability. Gender analysis can help researchers and policy-makers understand how fundamental cultural norms of masculinity and femininity influence sexual knowledge and behaviors. It can also identify the changes required to create an environment in which women and men can protect themselves and each other.

Lastly, the AIDS epidemic is also eroding economic development, educational attainment and child survival – all key measures of national health – in much of sub-Saharan Africa. Already the disruptive effects of the epidemic are innumerable. The effect on macroeconomic performance through the loss of large numbers of economically active population, the creation of unschooled children who will lack competitive skills in the job market, and the national cost of treating victims, make the disease Africa's number one development disaster.

Besides, as highlighted above, women are already cruelly disadvantaged by social, cultural and economic factors. The progress of the epidemic means that, in addition, many of them must carry the multiple burdens of HIV/AIDS. They experience it in their persons and bear the responsibility of responding to its demands in their households and families. Even when ailing with the disease, they must attend to household chores, provide for their husbands and children, and engage in economic activity to ensure household needs.

Poverty, marginalization and widespread alienation remain the most significant and pervasive problems facing African countries and societies. These are also the root drivers for the continent's HIV/AIDS epidemic. This influence of factors not only increases the risk of vulnerable individuals and groups contacting the HIV virus; it also serves to impede their ability to respond to the multiple demands of the disease. The result is greater vulnerability to HIV/AIDS. It is clear that to address HIV/AIDS means to address the whole range of development challenges that sub-Saharan Africa faces today. Many of the conditions that facilitate the spread of HIV/AIDS are linked to low levels of development, poorly developed health infrastructure, gender inequality, lack of economic empowerment, and so on. However, efforts to address HIV/AIDS so far have mainly been reduced to prevention through individual behavior change. But change in any kind of behavior – be it sexual and/or traditional - is not straight forward. Sexual behavior, in fact, is not primarily about what people may right away think of as 'sex'. It is tied up in complex ways with people's livelihoods and diverse life situations, with rituals and religious beliefs, ancestry and gender relations, property, and income and inequality among others. The following recommendations are made considering the issues created in HIV/AIDS mitigation thru gender-mainstreaming.

Recommendations

In making recommendations based on the conclusions in this study, I consider how gender-mainstreaming in HIV/AIDS mitigation in sub-Saharan

Africa must be all the more aggressively pursued and implemented. These recommendations place high emphasis to issues of implementation, and are designed under the categories of the findings and conclusions in this study.

Prevention messages need to address power dynamics within relationships, thus providing choices that are realistic to women. In the education sector, the scope of HIV prevention efforts should be widened to address underlying gender inequality. Approaches that combine education on gender dynamics as well as HIV should be encouraged. All schools should provide comprehensive sexual health education with a special focus on HIV and family planning. Also, the promotion of condoms is working among the younger generation and should be encouraged as the evidence show condoms are reducing HIV vulnerability among this age group in sub-Saharan Africa. Schools have dual role in preventing HIV, both by providing vital information on HIV but also by empowering young women to take control of their sexual lives. The education sector responses to HIV needs to be prioritized within the multisectoral response. Educational opportunities for girls need to be expanded significantly both in terms of primary education and secondary education.

Furthermore, access to education for all children, particularly girls and young women, is essential to ensure that schools play an effective role in HIV prevention and HIV/AIDS mitigation. Sub-Saharan countries and their governments must strive to ensure that particular efforts are undertaken to assist the increasing efforts are undertaken to assist the increasing number of people affected by HIV/AIDS. Priority needs to be given to the increasing feminization

of the epidemic and to how poverty potentially puts young women at higher risk of HIV infection. It is therefore essential to support and implement gender-responsive strategies, as well as gender-targeted interventions – addressing both women and men and girls and boys.

In partnership with parents and communities, schools and other learning environments have an important role to play in reducing the risks and vulnerabilities associate with HIV/AIDS. In reaching this goal, efforts must be committed to the following priority actions:

1. Promoting the implementation of policies and practices that favor effective learning and school attendance (for example, through flexible and participatory delivery), gender equity, safe and protective learning environments, access to women-friendly health and support services, and an environment free of stigma and discrimination.
2. Ensuring that educators and other education personnel are well prepared and supported to address HIV/AIDS through in-service and pre-service training, through the implementation nationally endorsed workplace policies for the education sector, and through access to health and support services.
3. Ensuring HIV/AIDS is given adequate attention as part of the school curriculum at all levels and that holistic health promotion programs with in the school guidelines address the range of behaviors that put women at risk of HIV infections (e.g. unsafe sex practices and violence). Sexual violence is an extreme manifestation of gender inequality and should not

be tolerated in schools. To this end, schools must adopt zero tolerance towards sexual violence and towards teachers having sexual relationships with students. Schools should also foster gender equality, promote positive role models and challenge negative stereotyping

4. Promoting peer education, life skills education and livelihood support for women both in school and outside of school, and among teachers and educators to combat gender inequalities in social structures and support systems (Stigma, social exclusion, stereotypes, violence, lack of family support and structure etc.). Providing accurate and good quality teaching and learning materials on life skills, gender and HIV/AIDS for use by learners and educators.
5. Fostering research that enhances the evidence base and feeds into policy decisions and practice at the country level.

Suggestions for further studies

I would like to make a few suggestions for further studies in the related area of research. The followings are some of my suggested research focuses and contents that appear crucial and conducive to the knowledge basis of gender mainstreaming in HIV/AIDS mitigation through education.

Despite the increasing feminization of the HIV and AIDS epidemic, this review has highlighted a dearth of studies that focus on young women. In addition, research on HIV should always be gender-disaggregated, showing

separate results for men and women. More systematic review need to be conducted in order to build upon evidence that already exists, rather than reinventing the wheel. Also, more research is needed on the progressive benefits of education: how much education leads to how much protection?

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